

<b>Case Number:</b>	CM15-0056381		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female, who sustained an industrial injury on 4/10/2014. She reported low back injury while employed as a housekeeper. The injured worker was diagnosed as having lumbar disc injury, segmental dysfunction, lumbar spine, chronic lumbosacral sprain/strain, and post-traumatic myofascial pain. Treatment to date has included diagnostics, chiropractic and medications. On 10/30/2014, the injured worker reported increased low back pain with activities of daily living. It was also documented that she reported improvement with treatment, noting reduced pain and increased active range of motion. Palpable muscle spasms and muscle guarding was noted to the lumbar spine and paraspinal muscles. The treatment plan included continued chiropractic treatment, referral for assessment and possible pain management, and continued work conditioning. Current medication use was not noted. Progress reports, dated between 10/31/2014 to 1/08/2015, were not noted. The treatment plan for the retrospective purchase of an Interspec IF (interferential) Signa, on 1/08/2015, was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective purchase of an Interspec IF signa (DOS 1-8-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential unit Page(s): 118-120.

**Decision rationale:** According to the 02/13/2015 report, this patient presents with low back pain and hip pain. The current request is for Retrospective purchase of an Interspec IF signa (DOS 1-8-15) but the treating physician's report and request for authorization containing the request is not included in the file. The patient's work status was not mentioned in the provided reports. MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. Indications are pain ineffectively controlled with medication; history of substance abuse; post-operative use; unresponsive to conservative measures. In this case, the treating physician does not document that the patient presents with a specific indication for IF unit as required by the MTUS. There is no documentation that the patient has trialed the unit for a month to determine effectiveness. Therefore, the current request IS NOT medically necessary.